

2013-2014

EMPLOYEES

**AND NON-MEDICARE
RETIREES & SURVIVORS**

GIC HEALTH PLANS

BENEFITS AT-A-GLANCE

Benefits Effective July 1, 2013



**Commonwealth of Massachusetts
Group Insurance Commission**

*Your
Benefits
Connection*

Improving the Way We Get and Pay for Care

The GIC's new five-year contracts with our health plans require them to work with providers to establish integrated systems of care with financial incentives for achieving budget targets and adopting new payment systems. The plans are subject to penalties for not achieving these benchmarks. For members, this means:

- You are encouraged to designate a Primary Care Provider (PCP) with your health plan;
- You can now choose a nurse practitioner or physician assistant as your PCP;
- You should get more coordinated, integrated care;
- You have incentives to use quality, lower-cost providers; and
- Your premiums should stabilize or even go down over the next few years.

Clinical Performance Improvement Initiative

Be sure to consider physician and hospital tiers when choosing a provider. The GIC's Clinical Performance Improvement Initiative gives you an incentive to use doctors with higher-quality and/or cost-efficiency scores. You pay the lowest copay for the highest-performing doctors:

- ★★★ Tier 1 (excellent)
- ★★ Tier 2 (good)
- ★ Tier 3 (standard)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 copay.



During annual enrollment, check your doctor's and hospital's tier, as they can change each July 1 with new data.

Limited Network Plans – Great Value; Quality Coverage

Consider Enrolling in a Limited Network Plan to Save Money Every Month on Your Premiums!

Limited network plans help address differences in provider costs. You will enjoy similar benefits to wider network plans, but will save money because limited network plans have a smaller network of providers (not every doctor and hospital). Your savings depend on:

- The plan you are switching from,
- The plan you select,
- Your premium percentage contribution, and
- Whether you have individual or family coverage.



Limited Network Plan



A GIC Limited Network Plan. Compare the rates of these plans with the other options and see how much you will save every month!

Find out if your hospital is in a GIC limited network plan with the side-by-side comparison of the GIC's limited network plans. Rates and the limited network hospital grid are located on the GIC's website: www.mass.gov/gic.



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Fallon Community Health Plan Direct Care HMO ✓

- PCP – designation required
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Fallon Community Health Plan Select Care HMO

- PCP – designation required
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Harvard Pilgrim Independence Plan PPO

- PCP – designation strongly encouraged
- Referrals to network specialists required – no
- Out-of-network benefits – 80% coverage of reasonable and customary charges

Harvard Pilgrim Primary Choice Plan HMO ✓

- PCP – designation required
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Health New England HMO ✓

- PCP – designation required
- Referrals to network specialists required – no
- Out-of-network benefits – no, except for emergency care

NHP Care – Neighborhood Health Plan HMO ✓

- PCP – designation required
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Tufts Health Plan Navigator PPO

- PCP – designation strongly encouraged
- Referrals to network specialists required – no
- Out-of-network benefits – 80% coverage of reasonable and customary charges

Tufts Health Plan Spirit EPO (HMO-type) ✓

- PCP – designation strongly encouraged
- Referrals to network specialists required – no
- Out-of-network benefits – no, except for emergency care

UniCare State Indemnity Plan/Basic (Indemnity Plan)

- PCP – designation strongly encouraged
- Referrals to network specialists required – no
- Out-of-network benefits – The plan determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. Use UniCare's national network of providers to avoid these provider charges.

UniCare State Indemnity Plan/Community Choice (PPO-type) ✓

- PCP – designation strongly encouraged
- Referrals to network specialists required – no
- Out-of-network benefits – 80% coverage of allowed amount for inpatient hospital care and outpatient surgery

UniCare State Indemnity Plan/PLUS (PPO-type)

- PCP – designation strongly encouraged
- Referrals to network specialists required – no
- Out-of-network benefits – 80% coverage of allowed amounts

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Recycled Paper

Calendar Year Deductible

The deductible is a fixed dollar amount you must pay before your health plan begins paying benefits for you or your covered dependent(s).

The lists below summarize expenses that generally are or are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details.

Also, as with all benefits, ***variations in these guidelines below may occur depending upon individual patient circumstances and a plan's schedule of benefits.***

Examples of in-network expenses ***generally exempt*** from the deductible:

- Prescription drug benefits
- Outpatient mental health/substance abuse benefits
- Office visits (primary care physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Wigs (medically necessary)
- Hearing Aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

Examples of in-network expenses ***generally subject to*** the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- X-rays and radiology (including high-tech imaging such as MRI, PET and CT scans)
- Durable medical equipment

Additional Contact Information


All UniCare State Indemnity Plans

- **Prescription Drug Benefits** (CVS Caremark):
1.877.876.7214 | www.caremark.com/gic
- **Mental Health/Substance Abuse and EAP Benefits** (Beacon Health Strategies):
1.855.750.8980 | www.beaconhs.com/gic

Tufts Health Plan Navigator and Spirit Plans

- **Mental Health/Substance Abuse and EAP Benefits** (Beacon Health Strategies):
1.855.750.8980 | www.beaconhs.com/gic



This chart is a comparative overview of GIC plan benefits. See the corresponding pages for details on benefits with higher out-of-pocket costs. With the exception of emergency care, the

HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE 
PLAN TYPE	HMO
TELEPHONE NUMBER	1.866.344.4442
WEBSITE	www.fchp.org/gic
Calendar Year Deductible Individual \$250 Two person family \$500 Three or more person family \$750	
Primary Care Provider Office Visit ★★★ Tier 1 (excellent) ★★ Tier 2 (good) ★ Tier 3 (standard)	\$15 per visit no tiering no tiering
Preventive Services	Most covered at 100%; no copay
Specialist Physician Office Visit ★★★ Tier 1 (excellent) ★★ Tier 2 (good) ★ Tier 3 (standard)	\$25 per visit no tiering no tiering
Retail Clinic	\$15 per visit
Outpatient Mental Health and Substance Abuse Care	\$15 per visit
Emergency Room Care	\$100 per visit (waived if admitted)
Inpatient Hospital Care – Medical Tier 1 Tier 2 Tier 3	\$200 per admission no tiering
Outpatient Surgery	\$110 per occurrence
High-Tech Imaging (e.g., MRI, CT and PET scans)	\$100 per scan
Prescription Drug Retail: up to a 30-day supply Tier 1 \$10 Tier 2 \$25 Tier 3 \$50	
Mail-order: Maintenance drugs up to a 90-day supply Tier 1 \$20 Tier 2 \$50 Tier 3 \$110	

pendding overview information for each plan for more information. Benefits described below for the Harvard Pilgrim Independence Plan, Tufts Health Plan Na
here are no out-of-network benefits for the GIC's EPO and HMOs. For providers, benefit details, exclusions, and limitations see the plan handbook or contact

FALLON COMMUNITY HEALTH PLAN SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN	HARVARD PILGRIM PRIMARY CHOICE PLAN 	HEALTH NEW ENGLAND 	NHP CARE (Neighborhood Health Plan) 
HMO	PPO	HMO	HMO	HMO
1.866.344.4442	1.800.542.1499	1.800.542.1499	1.800.842.4464	1.866.567.9175
www.fchp.org/gic	www.harvardpilgrim.org/gic	www.harvardpilgrim.org/gic	www.hne.com/gic	www.nhp.org/gic
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750
\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$15 per visit \$25 per visit \$30 per visit
Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay
\$25 per visit \$35 per visit \$45 per visit	\$20 per visit \$35 per visit \$45 per visit	\$20 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$25 per visit
\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.				
\$250 per admission \$500 per admission \$750 per admission	\$250 per admission \$500 per admission \$750 per admission	\$250 per admission \$500 per admission no Tier 3	\$250 per admission no tiering	\$250 per admission no tiering
Maximum four copays per calendar quarter or per year, depending on plan. Contact the plan for details.				
\$125 per occurrence	\$150 per occurrence	\$150 per occurrence	\$110 per occurrence	\$110 per occurrence
Maximum one copay per day. Contact the plan for details.				
\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110

avigator, and UniCare State Indemnity Plan/Community Choice and PLUS are in-network benefits. These plans also offer out-of-network benefits at the individual plan.

TUFTS HEALTH PLAN NAVIGATOR	TUFTS HEALTH PLAN SPIRIT 	UNICARE STATE INDEMNITY PLAN/BASIC <i>With CIC (Comprehensive)</i> <i>Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.</i>	UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE 	UNICARE STATE INDEMNITY PLAN/PLUS
PPO	EPO (HMO-TYPE)	INDEMNITY	PPO-TYPE	PPO-TYPE
1.800.870.9488	1.800.870.9488	1.800.442.9300	1.800.442.9300	1.800.442.9300
www.tuftshealthplan.com/gic	www.tuftshealthplan.com/gic	www.unicarestatementplan.com	www.unicarestatementplan.com	www.unicarestatementplan.com
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750
\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering
Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay
\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
\$300 per admission \$700 per admission no Tier 3	\$300 per admission \$700 per admission no Tier 3	\$200 per admission no tiering	\$250 per admission no tiering	\$250 per admission \$500 per admission \$750 per admission
For details or see the GIC Benefit Decision Guide. \$150 per occurrence	\$150 per occurrence	\$110 per occurrence	\$110 per occurrence	Tier 1 and Tier 2: \$110 per occurrence; Tier 3: \$250 per occurrence
Maximum one copay per day. Contact the plan for details.				
\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110

WEIGH YOUR OPTIONS

Choose the Best Health Plan for You and Your Family

- Where you live determines which plan(s) you may enroll in. See the map below to see which health plans are available in your area.
- See your *GIC Benefit Decision Guide* for additional eligibility details, benefit information, rates, and factors to consider when choosing a health plan.
- Contact the health plans you are considering to find out:
 - Information on other health plan benefits that are not described in this brochure;
 - Whether your doctors and hospitals are in the network (Note: Be sure to specify the health plan's full name, such as "Harvard Pilgrim Primary Choice Plan" or "Harvard Pilgrim Independence Plan," not just "Harvard Pilgrim."); and
 - Which copay tiers your doctors and hospitals are in.
- See the GIC's website (www.mass.gov/gic) for additional information.



Keep in mind that if your doctor or hospital leaves your health plan's network during the year, you **must** stay in the plan until the next annual enrollment. In the meantime, your health plan will help you find another provider.

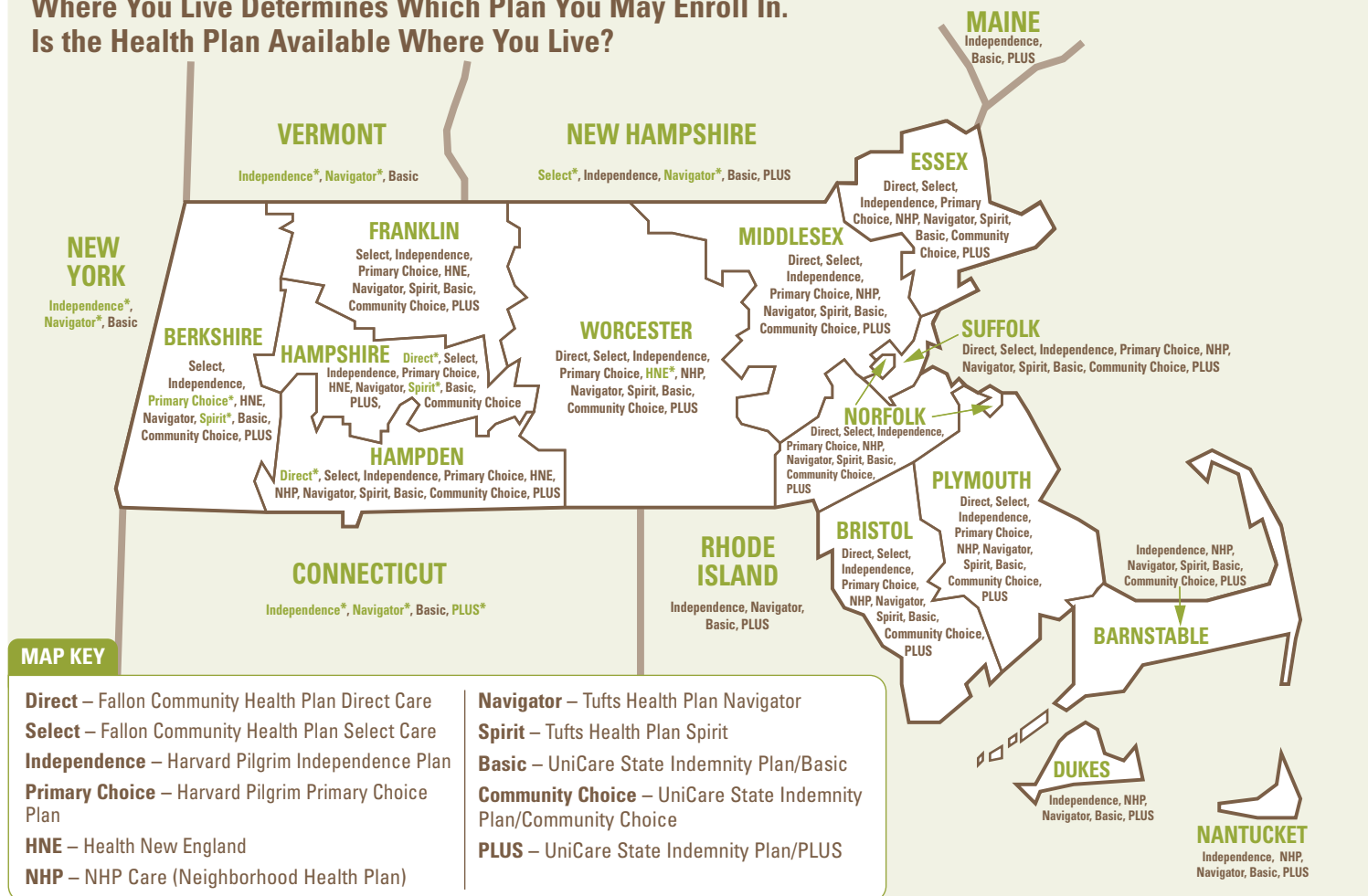


MARK THE DATE!

Forms are Due Wednesday, May 8
for Changes Effective July 1, 2013

- **Current active state and municipal employees:** Return completed forms to your GIC Benefits Coordinator
- **Employees and Non-Medicare retirees/survivors joining GIC coverage July 1:** Return completed forms and required documentation to your GIC Benefits Coordinator
- **Current Non-Medicare retirees and survivors:** Send written request or an enrollment/change form to the GIC

Where You Live Determines Which Plan You May Enroll In. Is the Health Plan Available Where You Live?



* Not every city and town is covered in this county or state; contact the plan to find out if you live in the service area. The plan also has a limited network of providers in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.

The UniCare State Indemnity Plan/Basic is the only employee health plan offered by the GIC that is available throughout the United States and outside of the country.